

# **Exhibit C**



September 11th  
Victim Compensation Fund

February 20, 2015

JOHN RAKIS  
C/O MICHAEL BARASCH  
BARASCH MCGARRY SALZMAN & PENSON  
11 PARK PLACE 1801  
NEW YORK NY 10007-2811

Dear John Rakis:

The Special Master has determined that you have been appointed as the Personal Representative for the claim filed on behalf of FREDDIE WALLACE-RAKIS and the September 11th Victim Compensation Fund ("VCF") will move forward with the review of your claim. The claim number is VCF0026520.

As the Personal Representative, you are responsible for submitting all materials necessary for the VCF to process the claim. This includes information and documents needed to determine the decedent's eligibility and to calculate the appropriate compensation under the terms of the Statute and Regulations.<sup>1</sup>

The Personal Representative is also responsible for assuring that any compensation received from the VCF on behalf of the deceased individual is distributed to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master. Please see Frequently Asked Questions ("FAQs") #5.1 - #5.5 and #8.11 on the [www.vcf.gov](http://www.vcf.gov) website for more information.

When submitting the Compensation Form for Deceased Individuals, you are required to propose a distribution plan. If there is a bona fide dispute over the proposed distribution plan, the Special Master is not required to arbitrate, litigate, or otherwise resolve any such dispute. In these situations, the Special Master will, if sufficient information is provided, calculate the appropriate compensation amount and authorize payment, but will hold any payment until the dispute is resolved. If the dispute cannot be resolved by agreement of the various parties, the Special Master may deposit the award into your account (as the Personal Representative) or into a court supervised account while the dispute is adjudicated by a court of competent jurisdiction.

The VCF will inform you if any additional documentation is needed in order to process your claim.

If you have any questions regarding your claim, please call the VCF toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100. Every effort will be made to respond to your application and/or inquiries as soon as possible.

<sup>1</sup> The Statute (the Air Transportation Safety and System Stabilization Act as amended by the Zadroga Act) and the Regulations are located at <http://www.vcf.gov/genProgramInfo.html>.



September 11th  
Victim Compensation Fund

July 9, 2018

JOHN RAKIS  
C/O MICHAEL BARASCH  
BARASCH MCGARRY SALZMAN & PENSON  
11 PARK PLACE 1801  
NEW YORK NY 10007-2811

Dear JOHN RAKIS:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on February 22, 2018 notifying you of the decision on your claim and the amount of your award. Your claim number is **VCF0026520**. That letter included a request for documents that were missing from your claim and are required in order to process your payment. The VCF has since received the requested documents and this letter provides the details of your award and information on the next steps to be taken on your claim.

Based on the information you submitted, the VCF has calculated the amount of your eligible loss as **\$462,750.19**. This determination is in accordance with the requirements of the Reauthorized Zadroga Act. The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions included in this determination.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

#### **What Happens Next**

The VCF will deem this award to be final and will begin processing the payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.

- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated or if you believe you can demonstrate extraordinary circumstances indicating that the award does not adequately address your claim. **If you choose to appeal, your payment will not be processed until your appeal has been decided.**



September 11th  
Victim Compensation Fund

To request a hearing, you must complete and return the enclosed Compensation Appeal Request Form and Pre-Hearing Questionnaire no later than **30 calendar days** from the date of this letter. The VCF will notify you in writing of your scheduled hearing date and time and will provide additional instructions to prepare for your hearing. If both forms are not submitted with complete information within 30 days, you have waived your right to appeal and we will begin processing your payment.

- **Amending your Claim:** You may amend your claim in the future if your circumstances change and you have new information to provide to the VCF. For example, you may amend if the WTC Health Program certifies additional physical conditions for treatment, if you have information in support of your claim that was not submitted to the VCF when your award was determined and that you believe would affect the amount of your award, or if you have incurred additional economic loss due to an eligible condition. The VCF will review the new information and determine if it provides the basis for a revised decision. Please see the VCF website for additional details on how to amend your claim and the specific circumstances that may be appropriate to request an amendment.
- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the [www.vcf.gov](http://www.vcf.gov) website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the Reauthorized Zadroga Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: JOHN RAKIS





September 11th  
Victim Compensation Fund

### Award Detail

Claim Number: VCF0026520  
Decedent Name: FREDDIE WALLACE-RAKIS

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
<b>Lost Earnings and Benefits</b>	
Loss of Earnings including Benefits and Pension	
Mitigating or Residual Earnings	
<b>Total Lost Earnings and Benefits</b>	\$0.00
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Disability Pension	
Social Security Disability Benefits	
Workers Compensation Disability Benefits	
Disability Insurance	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Lost Earnings</b>	\$0.00
<b>Total Lost Earnings and Benefits Awarded</b>	\$0.00
<b>Other Economic Losses</b>	
Medical Expense Loss	
Replacement Services	
<b>Total Other Economic Losses</b>	\$0.00
<b>Total Economic Loss</b>	\$0.00
<b>Total Non-Economic Loss</b>	\$250,000.00
<b>Subtotal Award for Personal Injury Claim</b>	\$250,000.00



September 11th  
Victim Compensation Fund

<b>DECEASED CLAIM (Losses from Date of Death)</b>	
<b>Loss of Earnings including Benefits and Pension</b>	
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Loss of Earnings and Benefits</b>	\$0.00
<b>Total Lost Earnings and Benefits Awarded</b>	\$0.00
<b>Other Economic Losses</b>	
Replacement Services	
Burial Costs	\$20,705.00
<b>Total Other Economic Losses</b>	\$20,705.00
<b>Total Economic Loss</b>	\$20,705.00
<b>Non-Economic Loss</b>	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Dependent(s)	\$100,000.00
<b>Total Non-Economic Loss</b>	\$350,000.00
<b>Additional Offsets</b>	
Social Security Death Benefits	(\$255.00)
Life Insurance	(\$61,254.89)
Other Offsets	(\$96,444.92)
<b>Total Additional Offsets</b>	(\$157,954.81)
<b>Subtotal Award for Deceased Claim</b>	\$212,750.19



September 11th  
Victim Compensation Fund

<b>Subtotal of Personal Injury and Deceased Claims</b>	<b>\$462,750.19</b>
PSOB Offset	
Prior Lawsuit Settlement Offset	
Previously Paid Personal Injury Award	
<b>TOTAL AWARD</b>	<b>\$462,750.19</b>
<b>Factors Underlying Economic Loss Calculation</b>	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

<b>Eligible Conditions Considered in Award</b>
Acute Myelogenous Leukemia



September 11th  
Victim Compensation Fund

**Treating Physician Information Form**

**Treating Physician Information Form**

**Name of Patient:** Freddie Wallace-Rakis

**VCF Claim Number:** VCF 0026520

**Physician Name:** Elpidio Jimenez, M.D

In the below chart, list the conditions for which you are currently treating (or previously treated) the Claimant. For each condition, provide the earliest date (month and year) of symptom onset and the date of first diagnosis (month and year).

Please provide copies of relevant records to support the diagnoses for the conditions listed below and any other information that might be relevant to the VCF, such as the effect of the condition(s) on the Claimant. As an alternative to providing supporting medical records, you may instead provide a written report explaining your diagnosis and its basis, along with your recommendation for treatment and management.

If applicable, please also provide a summary of any complications of treatment (i.e., new diagnoses stemming from treatment) and provide applicable medical records.

Condition Treated	Earliest Date of Symptom Onset (month/year)	Date of First Diagnosis (month/year)
Acute leukemia		12/31/12





FREDDIE WALLACE-RAKIS	DOB: [REDACTED]	12:00:00AM	MR#: [REDACTED]
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EKG 12 lead EKG[Reference:EEKG6755651]<Kristie Busch DO Dec 27 2012 4:57PM>

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PMD Dr Lwin [Reference:CPMD6755651]<Kristie Busch DO Dec 27 2012 5:32PM>

ORDERED BY LAB

Urine Microscopic[Reference:SQH270681UMIC]<BUSCH, KRISTIE A Dec 27 2012 6:45PM>



SUNY  
DOWNSTATE  
Medical Center

at Long Island College Hospital

FREDDIE WALLACE-RAKIS	DOB: [REDACTED]	12:00:00AM	MR#: [REDACTED]
Results [REDACTED]			

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BASerecover

Page 17 of 59

MICRO Tests  
Results Date  
Jan 2 2013 5:14PM

Test  
Blood Culture  
-  
Spec. Descr. BLOOD  
-  
Gram Stain gram positive cocci in pairs and chains in the anaerobic bottle.  
-  
Culture Enterococcus faecium For susceptibility results, see order W286068  
BETH ISRAEL PETRIE DIV FIRST AVE AT 16TH ST., NEW YORK, NEW YORK 10003  
-  
Report Status 01/05/2013 Final

Order Date

MICRO Tests  
Results Date  
Jan 2 2013 5:18PM

Test  
Blood Culture  
-  
Spec. Descr. BLOOD  
-  
Gram Stain gram positive cocci in pairs and chains in the anaerobic bottle.  
-  
Culture Enterococcus faecium  
BETH ISRAEL PETRIE DIV FIRST AVE AT 16TH ST., NEW YORK, NEW YORK 10003  
-  
Report Status 01/05/2013 Final  
-  
SUSCEPTIBILITY  
-  
ORGANISM Enterococcus faecium  
-  
METHOD MIC (mcg/mL)  
-  
Ampicillin >=32 Resistant  
-  
Erythromycin >=8 Resistant  
-  
HLR Gentamicin Susceptible  
-  
Levofloxacin >=8 Resistant  
-  
Linezolid 2 Susceptible  
-  
Nitrofurantoin 64 Intermediate  
-  
Quinupristin/dalf 0.5 Susceptible  
-  
HLR Streptomycin Resistant  
-  
Tetracycline >=16 Resistant  
-  
Vancomycin >=32 Resistant  
-  
Vancomycin Resistant Enterococcus Your patient has a multidrug resistant organism and needs to be on contact precautions. Please call Infection Control if you have any questions.  
-  
Ciprofloxacin >=8 Resistant  
-  
Penicillin G >=64 Resistant  
-  
Tigecycline <=0.12 Susceptible

Order Date

Pathology Tests  
Results Date  
Dec 31 2012 3:36PM

Test  
PATH  
CASE: LS12-12095  
PATIENT: FREDDIE WALLACE-RAKIS  
TISSUE SUBMITTED: A. BONE MARROW CORE BX  
PATH B. BONE MARROW CLOT BX  
PATH C. 1 SMEAR  
PATH FINAL DIAGNOSIS:  
PATH A, B, and C. Bone marrow core biopsy, clot and smear:  
PATH Acute myelogenous leukemia.  
PATH Favor acute monocytic leukemia.  
PATH Note: bone marrow biopsy and clot show markedly hypercellular bone marrow with marked increase in the number of immature/blasts forms. The bone marrow smear shows more than 80% of the nucleated cells to be blast forms and promonocytes.  
PATH The flow cytometry analysis of peripheral blood performed at Integrated  
PATH Oncology was reported as showing approx. 20% myeloblasts. The myeloblasts show the following phenotype: positive for CD13, CD33, CD34, CD117, HLA-DR, CD11c and CD64. An increased number of CD14+CD64+ monocytes (~15% of total) were also reported.  
PATH CLINICAL HISTORY:  
PATH Acute leukemia  
PATH GROSS:  
PATH A. The specimen is received in formalin and labeled "Bone Marrow Biopsy". It consists of a 1.0 x 0.2 cm core of tan-red bone tissue. Entirely submitted in one cassette.  
PATH B. The specimen is received in formalin and labeled "Bone Marrow Clot". It consists of a 2.2 x 1.8 x 0.2 cm aggregate of blood clots. Entirely submitted in one cassette.  
PATH C. The specimen is consists of one bone marrow smear. The slide is sent to Hematology for staining.  
PATH Dictated by GZ  
PATH The electronic signature indicates that the named Attending Pathologist has evaluated the specimen referred to in the signed section of the report and formulated the diagnosis therein.  
PATH Electronically signed by Elpidio Jimenez, M.D. 12/31/2012 3:34:52PM

Order Date  
12/31/2012

Radiology Tests  
Results Date  
Dec 27 2012 5:20PM

Test  
Xray Chest (PA/Lat)  
I, Ira Roznick, M.D., have personally reviewed the images and concur with the preliminary report below. This report now represents the FINAL REPORT for this patient.  
\*\*\*\*\*

Order Date  
12/27/2012

Mar 28 2017 12:53PM HP LASERJET FAX

page 1

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
**CERTIFICATE OF DEATH** Certificate No.

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEASED'S LEGAL NAME: <b>FREDDIE WALLACE RAKIS</b>		2. Date of Death: <b>January 03, 2013</b>		3. Time of Death: <b>08:42</b>		4. Sex: <b>Female</b>		5. Date last attended by a Physician: <b>01/03/2013</b>	
6. Coroner: I certify that death occurred on the date and place indicated and that to the best of my knowledge no homicidal injury or poisoning was present at the time of death.		7. Signature of Physician: <i>Michael Alexander MD</i> 339 Hicks Street, Brooklyn, New York 11201							
8. Signature of Coroner: <i>Michael Alexander MD</i>		9. Signature of Medical Examiner: <i>Michael Alexander MD</i>							
10. Place of Death: <b>Brooklyn</b>		11. Date of Death: <b>January 03, 2013</b>		12. Time of Death: <b>08:42</b>		13. Sex: <b>Female</b>		14. Date last attended by a Physician: <b>01/03/2013</b>	
15. Usual Residence: <b>New York, Kings</b>		16. City or Town: <b>Brooklyn</b>		17. Street and Number: <b>215 Adams Street</b>		18. Apt. No.: <b>5J</b>		19. Zip Code: <b>11201</b>	
20. Date of Birth: <b>01/03/1967</b>		21. Age at last birthday: <b>45</b>		22. Under 1 Year: <b>1</b>		23. Under 1 Day: <b>1</b>		24. Social Security No.: <b>111-11-1111</b>	
25. Usual Occupation: <b>ENVELOPE ASSISTANT</b>		26. Education: <b>High School Graduate</b>		27. Marital Status: <b>Married</b>		28. Spouse's Name: <b>John RAKIS</b>		29. Spouse's Address: <b>215 Adams Street, Brooklyn, New York 11201</b>	
30. Cause of Death: <b>Acute Leukemia</b>		31. Immediate Cause: <b>Acute Leukemia</b>		32. Underlying Cause: <b>Acute Leukemia</b>		33. Other Cause: <b>Acute Leukemia</b>		34. Date of Discharge: <b>01/07/2013</b>	
35. Place of Discharge: <b>Cobble Hill Chapels</b>		36. Address: <b>171 Court Street, Brooklyn, New York 11201</b>		37. City: <b>Brooklyn</b>		38. State: <b>NY</b>		39. Zip Code: <b>11201</b>	

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
**CONFIDENTIAL MEDICAL REPORT**

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by Physician

2. Accuracy (Check one box and specify):  
☒ Accurate (Check one box and specify)  
☐ Inaccurate (Specify: **Acute Leukemia**)

3. Cause of Death - List only one cause on each line. DO NOT abbreviate.  
 A. IMMEDIATE CAUSE: **Acute Leukemia**  
 B. DUE TO OR AS A CONSEQUENCE OF:  
 C. DUE TO OR AS A CONSEQUENCE OF:  
 D. DUE TO OR AS A CONSEQUENCE OF:

4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (For reporting in the underlying cause given in Part 3. Include operation information.)  
**Renal Failure Hypertension**

5. Was there any pre-mortem? ☒ Yes ☐ No  
 6. Was there any post-mortem? ☒ Yes ☐ No  
 7. Was there any autopsy? ☒ Yes ☐ No  
 8. Was there any necropsy? ☒ Yes ☐ No  
 9. Was there any other? ☒ Yes ☐ No

10. Signature of Physician: *Michael Alexander MD*  
 11. Address: **339 Hicks Street, Brooklyn, New York 11201**  
 12. License No.: **105457**